

DECLARATION AND POWER OF ATTORNEY
(Original Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
**METHOD FOR ALLEVIATING SYNDROMES AND CONDITIONS OF DISCOMFORT
OF THE MAMMALIAN INTESTINAL AND GENITO-URINARY TRACTS**
the specification of which is attached hereto and/or was filed on _____ as
Application No. _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

FOREIGN PRIORITY APPLICATION(S)

<hr/>	<hr/>	<hr/>	Priority Claimed <input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/month/year filed)	
<hr/>			
(Number)	(Country)	(Day/month/year filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any

10051853.011702

Full name of second joint
inventor, if any **Sarah Finnegan**

Inventor's Signature _____

Date _____

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